FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)			
1 NAME OF	,		Office use only	
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
	IOLV EMPOWERING NATION	ALLY (OWEN) DAG		
GIVING WILLI	IGLY EMPOWERING NATIONA	ALLY (GWEN) PAC		
ADDRESS (number and s	treet) 499 SOUTH CAPIT	OL ST SW SUITE 422		
(Check if addre		<u> </u>		
is changed)	WASHINGTON ,		DC	
COMMITTEE'S E-MAI	L ADDRESS	CITY▲	STATE▲ ZIP CODE ▲	
jmodie@politic	caldg.com	1 1 1 1 1 1 1 1 1 1 1 1		
1				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
1				
COMMITTEE'S FAX N 2024791110	UMBER			
بنا لبنا				
2. DATE 0 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION NUMBER C C00431478				
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my k	knowledge and belief it is true, correct and	d complete	
Type or Print Name of	Treasurer Brenda L. Moo	ore		
Signature of Treasurer	Electronically Filed by Brenda	L. Moore	Date 01 / 21 / YYYYY	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.				
	ANY CHANGE IN INFORM	MATION SHOULD BE REPORTED V	VITHIN 10 DAYS	
Office Use		For further information c		
Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 12/2007)	
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